



## Fire Extinguisher Program

### APPLICATION Limited Concern License/Name Change

**Print or type: illegible or incomplete applications will delay processing time.**

☐ New Application "Limited" Concern (\$125.00 fee) ☐ Name Change

New Concern License Name: \_\_\_\_\_

(Company names must be approved by our office prior to licensing)

Previous Concern Name: \_\_\_\_\_ E# \_\_\_\_\_

Current Physical Address: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

Owner/Contact Person: \_\_\_\_\_

Daytime Telephone: \_\_\_\_\_ Evening Telephone: \_\_\_\_\_

#### License Classification Definitions

- ☐ Limited 595.5 (a) (7)- A class of license, limited to public or private entities that are not engaged in the business of servicing fire extinguishers and which only maintain their own portable fire extinguishers. A Type L license may only perform maintenance of stored pressure dry powder and dry chemical fire extinguishers, water type and wet chemical type fire extinguishers and external annual maintenance of halogenated agent and carbon dioxide fire extinguishers.

OSFM USE ONLY

ROC # \_\_\_\_\_

PCA 59421

CDF Source Code 125700.11

**PLEASE READ CAREFULLY: The following documentation is required with ALL application. Missing documentation will result in the delay of processing your submitted information**

1. ☐ Attach a Hold/Harmless Letter per section 595.13 (c).
2. ☐ Provide a list of employees (with each application), including you, their EE number and types of services performed. Attach additional sheets as necessary.

Name \_\_\_\_\_ EE# \_\_\_\_\_ Types \_\_\_\_\_

Name \_\_\_\_\_ EE# \_\_\_\_\_ Types \_\_\_\_\_

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**Instructions for signing:**

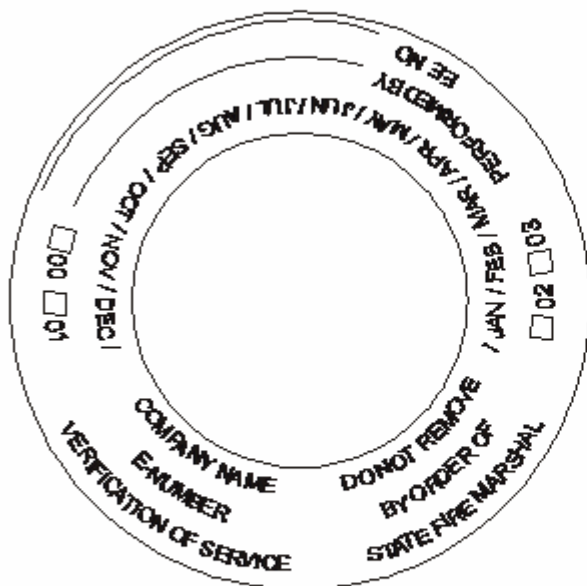
I certify that I am familiar with the statutes contained in the California Health and Safety Code and the regulations contained in Title 19, California Health and Safety Code and the regulations contained in Title 19, California Code of Regulations, relating to portable fire extinguishers; that all statements made by me on this application are to the best of my knowledge true and correct.

I hereby authorize the State Fire Marshal and any of his properly authorized employees at any time to enter, examine, inspect any premises, building, room or establishment used in servicing, charging or testing portable fire extinguishers to determine compliance with the provisions on state law and the regulations and standards adopted by the State Fire Marshal.


Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**Submit application completed in its entirety to:**

**CDF/State Fire Marshal  
Cashiers Unit/Fire Extinguisher Program  
PO BOX 997446  
Sacramento CA 95899-7446  
Office: (916) 445-8376**



VERIFICATION OF SERVICE COLLAR

DO NOT REMOVE BY ORDER OF THE STATE FIRE MARSHAL																									
1	Type																								
2	 EE _____ (Cert. Reg. No.) _____ (Signature) Name and Address of Firm																								
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ANNUAL MAINTENANCE TAG

Collar ring specification requirements as of April 1, 2002